



Client No. 2036		Client Name O.H. metals				Location 1002 Oswego, St. Utica				Date 2/23/87																			
Facility Equipment	Detex Clock 1V	Weapon No. -	Holster -	Nightstick -	Raincoat 1V	Flashlight 1V	Other Gate & Trailer keys & Phone																						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) ofc. K. Felix			Officer—Swing Shift (Name) ofc. Dealing			Officer—Grave Shift (Name) ofc. Koboski																	
						Shift Began 8 AM Ended 4 PM			Shift Began 4 AM Ended 12 PM			Shift Began 12 PM Ended 8 PM																	
Observations or actions taken						Yes	No	Explanation			Yes	No	Explanation																
Rounds or stations missed							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Unlocked doors, gates or windows							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Unlocked vaults or safes							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Fire-smoke-or hazards							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
1. Extinguishers missing or defective							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
2. Sprinkler system defective							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
3. Fire doors or exits blocked							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
4. Rubbish accumulation							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
5. Motors running							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
6. Lights left burning							<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		As needed																
Injury hazards							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Visitors							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Trespassing							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Violation of company rules							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Remarks																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.					
		Yes		<input checked="" type="checkbox"/> No		Yes		No		Yes		No		Yes		No		Yes		<input checked="" type="checkbox"/> No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		<input checked="" type="checkbox"/> No		Yes		No		Yes		No		Yes		No		Yes		<input checked="" type="checkbox"/> No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		<input checked="" type="checkbox"/> Yes		No		Yes		No		Yes		No		Yes		No		Yes		<input checked="" type="checkbox"/> No		Yes		No		Yes		No	
Signatures		1		Kenneth Felix						1		Robert Dealing						1		Dick Koboski									
Signatures		2								2								2											
Signatures		3								3								3											

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